FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURIFIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	<u> </u>
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	08048708
OmniPV, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 2710 Sand Hill Road, Menlo Park, CA 94025	Telephone Number (Including Area Code) (650) 388-7650
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Developing optical communications infrastructure technology	PROCESSED
Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed Month Year	please specify) MAY 1 9 2008 THOMSON REUTERS

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

-ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

of

American LegalNet, Inc. www.USCourtForms.com

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Director General and/or Check Box(es) that Apply: Promoter ★ Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) John Midgley Business or Residence Address (Number and Street, City, State, Zip Code) 2710 Sand Hill Road, Menlo Park, CA 94025 Check Box(es) that Apply: Promoter General and/or Director Managing Partner Full Name (Last name first, if individual) Tom Rosch Business or Residence Address (Number and Street, City, State, Zip Code) c/o InterWest Partners, 2710 Sand Hill Road, Second Floor, Menlo Park, CA 94025 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Drew Lanza Business or Residence Address (Number and Street, City, State, Zip Code) c/o Morgenthaler Ventures, 2710 Sand Hill Road, Menlo Park, CA 94025 Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Paul Dali Business or Residence Address (Number and Street, City, State, Zip Code) c/o Keynote Ventures, 3000 Sand Hill Road, Bldg. 1, Suite 185, Menlo Park, CA 94025 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) InterWest Partners Business or Residence Address (Number and Street, City, State, Zip Code) 2710 Sand Hill Road, Second Floor, Menlo Park, CA 94025 Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Morgenthaler Ventures Business or Residence Address (Number and Street, City, State, Zip Code) 2710 Sand Hill Road, Menlo Park, CA 94025 Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Oak Investment Partners Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

525 University Avenue, Suite 1300, Palo Alto, CA 94301

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner ☐ Director Managing Partner Full Name (Last name first, if individual) Global Catalyst Partners Business or Residence Address (Number and Street, City, State, Zip Code) 255 Shoreline Drive Suite 520, Redwood Shores, CA 94065 Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) John Kenney Business or Residence Address (Number and Street, City, State, Zip Code) 2710 Sand Hill Road, Menlo Park, CA 94025 Executive Officer Director Check Box(es) that Apply: Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) William Matthew Pfenninger Business or Residence Address (Number and Street, City, State, Zip Code) 2710 Sand Hill Road, Menlo Park, CA 94025 Check Box(es) that Apply: General and/or Promoter Director Managing Partner Full Name (Last name first, if individual) Dali Hook Partners Business or Residence Address (Number and Street, City, State, Zip Code) 3000 Sand Hill Road, Bldg. 1, Suite 185, Menlo Park, CA 94025 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					В. 12	FORMATI	ON ABOU	T OFFERI	NG				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								Yes	No ⊠				
2.								\$ <u>N/A</u>					
		•										Yes	No
3.			permit joint										X
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	Full Name (Last name first, if individual)												
Bu	siness or	Residence	Address (N	umber and	d Street, Ci	ty, State, Z	(ip Code)						
Na	me of As:	sociated Br	oker or Dea	aler									
Sta			Listed Has										
	(Check	"All States	s" or check	individual	States)	• • • • • • • • • • • • • • • • • • • •	***************************************			***************************************		☐ All	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	ll Name (Last name	first, if indi	vidual)									
Bu	siness or	Residence	: Address (N	Number an	d Street, C	City, State, 2	Zip Code)	1.021					
Na	me of As	sociated B	roker or Dea	aler									-
Sta			Listed Has										
	(Check	"All State:	s" or check	individual	l States)	•••••			***************************************			AI	l States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Fu	Il Name (Last name	first, if indi	ividual)			•						
Bu	siness or	Residence	Address (1	Number an	nd Street, C	ity, State,	Zip Code)						·
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Pri		An	nount Already Sold
	Debt	S		\$	
	Equity	4,999,993	3.93	\$	4,999,993.93
	☐ Common ☑ Preferred				
	Convertible Securities (including warrants)	<u> </u>		s	
	Partnership Interests	<u> </u>		\$_	
	Other (Specify)	S		\$	
	Total	4,999,993	3.93	\$	4,999,993.93
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors			Aggregate Pollar Amount of Purchases
	Accredited Investors	5	_	\$ _	4,999,993.93
	Non-accredited Investors		_	\$_	
	Total (for filings under Rule 504 only)			\$_	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of Security		D	Dollar Amount Sold
	Rule 505			\$_	
	Regulation A		_	\$_	
	Rule 504			\$_	
	Total			\$_	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			s _	
	Printing and Engraving Costs			\$ _	
	Legal Fees		X	\$	100,000.00
	Accounting Fees			\$_	
	Engineering Fees			\$ _	
	Sales Commissions (specify finders' fees separately)			s	
	Other Expenses (identify) Filing fees	•••••	X	\$	300.00
	Total			S	100,300.00

L	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ 4,899,693.93	
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.			
		Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees			
	Purchase of real estate	\$	\$	
	Purchase, rental or leasing and installation of machinery and equipment		_ 🗆 \$	
	Construction or leasing of plant buildings and facilities	\$	\$	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	-1 s	Г Т\$	
	Repayment of indebtedness		_ s	
	Working capital			
	Other (specify):		_ \$	
			s	
	Column Totals	<u> </u>	s	
	Total Payments Listed (column totals added)	\$ 4,899,693.93		
Г	D. FEDERAL SIGNATURE			
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commistinformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ssion, upon writte	le 505, the following n request of its staff	
	uer (Print or Type) Signature	Date		
		May <u>7</u> 2008		
Na	me of Signer (Print or Type) Fitle of Signer (Print or Type)			
Jol	n Kenney Secretary			

END

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)